


|   |  |  |
|---|--|--|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10724384 | <b>Applicant(s)/Patent Under Reexamination</b><br>LEATHER ET AL. |
|   | <b>Examiner</b><br>MICHELLE K LAY          | <b>Art Unit</b><br>2628  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 345                |                                   | 506      |  |  |  | G                            | D | B | T | 1 / 29 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 345                | 505                               | 519      |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 17    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 2        |       | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 3        |       | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 4        | 18    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        |       | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 6        | 19    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 7        | 20    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 8        | 21    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 9        | 6     | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 10       | 7     | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       | 6     | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 12       | 9     | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 13       | 15    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 14       | 18    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|   |                          |  |                            |
|---|--------------------------|--|----------------------------|
| /MICHELLE K LAY/<br>Examiner.Art Unit 2628<br><br>(Assistant Examiner)        | 07/07/2009<br><br>(Date) | <b>Total Claims Allowed:</b><br><br>21 |                            |
| /CHANTE HARRISON/<br>Primary Examiner.Art Unit 2628<br><br>(Primary Examiner) | 07/17/2009<br><br>(Date) | O.G. Print Claim(s)<br><br>1           | O.G. Print Figure<br><br>5 |